

2025 Cub Scout Day Camp - Tidewater Council
Authorization to Pick-up Scout

Camp Location _____

Day Camp Den # _____

Will be completed by Camp Director

YOUTH'S NAME: _____

Our camp volunteers do not know the parents/guardians of all the youth placed in their care. For the safety of all of those entrusted to us for the week, please fill out one form for each youth under 18 years of age.

Parent/Guardian Name	Parent/Guardian Name
Primary phone #	Primary phone #
Secondary phone #	Secondary phone #
Email Address	Email Address

Without written and signed authorization, we cannot release your child to anyone other than a parent/guardian. Phone calls are NOT valid authorization. Please plan for the unexpected and for carpooling. They will be asked to present ID.

These individuals are AUTHORIZED to pick up my child from camp:

(List OTHER individuals here, as the parent/guardian is already given above.)

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

Parent/Guardian PRINTED Name: _____

Parent/Guardian SIGNATURE: _____ Date: _____

This form will be held by the Scout's Day Camp Den Leader while at Day Camp.
Make sure these individuals picking up Scouts know what DEN your Scout is in.
Each youth under 18 years must have a separate form since they are most likely assigned to different areas.
Scout's Medical Form has authorization to medically treat your child & authorization to photograph.